



ABC Pediatrics

938 S. Bradford St. Dover, DE 19904

TB Risk Assessment Questionnaire

Name: _____ Date: _____

1. Has your child had any contact with a case of TB? YES NO

2. Was any household member, including your child,
born in or traveled to areas where TB is common? YES NO
(ex. Africa, Asia, Latin America, Caribbean)

3. Does your child have daily contact with adults at high
Risk for TB? (e.x. homeless, incarcerated, drug users) YES NO

4. Does anyone in your household have HIV? YES NO

Any yes response is considered a positive risk factor and is an indication for administering a Mantoux Tuberculin skin test on the child.

This portion is to be completed by physician

() This child has been screened using the Division of Public Health criteria for risk exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child was not given a Mantoux tuberculin skin test in our office.

Physician's comments _____

Physician Signature _____ Date: _____

Please call our office if you have any question.

Note: The practice of universal Mantoux tuberculin skin testing of school children is no longer advocated by the Centers for Disease Control(CDC), ATS, or the American Academy of Pediatrics. New recommendations for targeted tuberculin testing of high risk person or groups have been defined in the official joint statements of the ATS/CDC and have been endorsed by the Infectious Disease Society of America and the Academy of Pediatrics.

